

## Cellular Device Activation/Change/Inactivation Form

Request Date: \_\_\_\_\_

- ☐ Activation (Complete Items 1-4)  
☐ Change (Complete Items 1-4)  
☐ Inactivation (Complete Item 4 only)

1. Job responsibilities that justify issuing a cellular device:

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2. Signature: \_\_\_\_\_  
Div. Administrator/Designee Date

3. All employees sharing the cellular devices are responsible for reading the policy and signing here. Please designate the individual with primary responsibility for the equipment.

**I have read the Policy for Telephone/Cellular Devices and agree with its terms and conditions. In addition, I agree to follow all employee responsibilities as described in the policy:**

Employee name (print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Responsible Individual

Employee name (print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Shared User

Employee name (print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Shared User

Employee name (print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Shared User

Employee name (print): \_\_\_\_\_ Signature: \_\_\_\_\_  
Shared User

(Names and signatures of additional shared users can be written on the back or attached).

4. Division/Bureau/Section: \_\_\_\_\_

Org Number (for billing): \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

Cell Phone Company: \_\_\_\_\_

Cell Account #: \_\_\_\_\_

If new account, check here ☐

CC: Jeff Williams/Purchasing/Procurement/Contracting